Screening Dual Language Learners in Early Head Start and Head Start: A Guide for Program Leaders

A co-production of the Office of Head Start National Centers on

Cultural and Linguistic Responsiveness and Quality Teaching and Learning

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Early Head Start and Head Start:
A Guide for Program Leaders**

PREFACE

Successful screening is the first step to

- understanding and extending children's learning and development, and

- engaging families to support their children's home language throughout their lives.

This document provides Early Head Start/Head Start (EHS/HS) program leaders with tools to plan, implement, and evaluate their screening processes for Dual Language Learners from birth to five. It focuses on ways that leaders can make informed and intentional decisions about

- selecting screening instruments for Dual Language Learners, and

- implementing high-quality screening practices for Dual Language Learners.

Head Start Program Performance Standard
45 CFR 1308.6(3)(b)(3) states that:
"Screening, the first step in the
assessment process,
consists of standardized health
screening and developmental
screening which includes speech,
hearing and vision."

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Part 1

UNDERSTANDING YOUNG DUAL LANGUAGE LEARNERS

Nationwide, approximately 1,114,120 children are enrolled in EHS/HS programs. Of those children, 332,476 are identified as having a primary language other than English: 274,592 in Head Start and 57,884 in Early Head Start, according to the 2012 Program Information Report (PIR). The Office of Head Start defines Dual Language Learners as children who

- **acquire two or more languages simultaneously (i.e., from birth), or**
- **learn a second language while continuing to develop their first language (HHS, ACF, 2008).**

REMEMBER!
Young children whose primary language is English and are learning a second language, are Dual Language Learners.

SAME
DIFFERENT AND DIVERSE

Dual Language Learners are a highly diverse group. Children in EHS/HS are growing up with more than 140 languages and cultural backgrounds. They have:

- **A wide variety of experiences in English**

  Some children have well-developed skills in English. Others may have a different family experiences like praying or singing together or telling stories with English before entering an EHS/HS or child care setting. Others have English as their first language and are learning a second language.

- **A broad range of experiences in their home language(s)**

  Some children spend most or all of their time listening to and speaking in their home language. Others have brothers and sisters, parents, grandparents, and friends who switch back and forth between their home language and English.

- **Many different learning experiences, interactions with books, exposure to written language, etc.**

  Some families talk to and read with their children frequently. Others are more focused on children learning how to play and interact with others.

- **Their own individual characteristics, preferences, temperaments, skills, and abilities**

  This requires EHS/HS staff to individualize and specifically address the diverse strengths and needs of each Dual Language Learner in order to ensure that every child is ready for school success. The diversity among Dual Language Learners is a source of rich experiences and possibilities.

Genesee, Paradis & Crago, 2004

Download Same, Different and Diverse: http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/docs/same-different-diverse.pdf

Part 2

SCREENING IN EARLY HEAD START AND HEAD START

The Head Start Program Performance Standards define assessment as a three-part process:

- **Step 1: Screening**
- **Step 2: Ongoing (Developmental) Assessment**
- **Step 3: Formal Evaluation**

Screenings are conducted in order to identify children who may need formal evaluation to determine their risk for health, sensory, cognitive, motor, language, or social-emotional delays. When a child's screening results indicate that a formal evaluation is appropriate, the disabilities coordinator is required to arrange for further formal evaluation to determine whether the child has a disability (Head Start Program Performance Standards, 45 CFR 1308.6(a)-(e)).

REMEMBER!

Screening never diagnoses a disability.

WHAT IS REQUIRED

HEAD START
Program Performance Standards

45 CFR 1304.20(b)(1)
Screening for developmental, sensory, and behavioral concerns. In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

45 CFR 1304.2(a)(1)
[Complete screening] in collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program.

45 CFR 1304.20(a)(2)
Grantee and delegate agencies operating programs of shorter durations (90 days or less) must complete the above processes and those in 45 CFR 1304.20(b)(1) [screening] within 30 calendar days from the child's entry into the program.

45 CFR 1308.6(3)(b)(3)
Developmental screening is a brief check to identify children who need further evaluation to determine whether they may have disabilities. It provides information in three major developmental areas: visual/motor, language and cognition, and gross motor/body awareness for use along with observation data, parent reports and home visit information. When appropriate standardized developmental screening instruments exist, they must be used. The disabilities coordinator must coordinate with the health coordinator and staff who have the responsibility for implementing health screening and with the education staff who have the responsibility for implementing developmental screening.

Part 3

STANDARDIZED SCREENING INSTRUMENTS

Standardized screening instruments for young children measure one or more aspects of their development and provide information about what each child knows. Some instruments measure across multiple areas of learning (language, cognitive, and social skills). Others focus on specific areas such as what words a child understands (receptive vocabulary) or speaks (expressive vocabulary). These instruments enable teachers and families to begin to determine if a child is developing typically or if he *may* have developmental delays. When a child's screening scores fall below average, it *may* be appropriate to refer him for a formal evaluation.

Norm-referenced standardized instruments *compare an individual child's results with the results (norms) of a larger group of* **similar** *children of the same age.*

Mean

Below average scores

Average | Mean | Scores

Above average scores
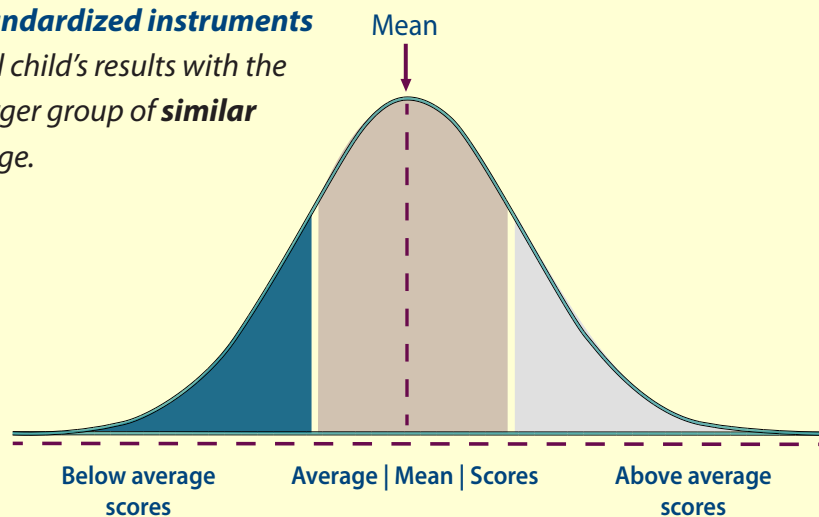
IT'S ALL ABOUT THE JARGON!

Many different words are used to refer to "screening instruments." These include:

- test
- tool
- measure

They all refer to the same thing!

Instrument Validity and Reliability Matter

Validity and *reliability* are two vital technical aspects of standardized instruments. They help us understand if the results of an instrument are appropriate for **all** of the children in your program including dual language learners.

Validity addresses whether the instrument accurately measures the areas of development that it is supposed to measure.

Example: if an instrument is designed to measure cognitive development, it does not tell you about a child's ability to walk, run, and jump.

Reliability addresses whether the instrument *provides consistent information regardless of who, where, and when it is administered* (OPRE, 2011).

Example: if the instrument does not do a good job of measuring **all** the information a child knows, then the results will not help you understand how much knowledge the child has.

Finding the Right Screening Instruments

When a child is part of a racial, ethnic, or linguistic group in the sample used to develop a screening instrument, that instrument is appropriate for him. Valid and reliable instruments are readily available for children who speak English or Spanish. Staff should consult several instruments in order to identify and select the best choices for their program.

For children whose home languages is NOT English or Spanish, it is *virtually impossible to find valid and reliable instruments*. Programs need to develop alternative plans for screening children who speak languages other than English and Spanish.

REMEMBER!

Many manuals say there is "general evidence" that their instrument is valid and reliable when considering all the children in the sample.

This does not mean there is "specific evidence" that the instrument is valid and reliable for specific groups of children NOT represented in the sample.
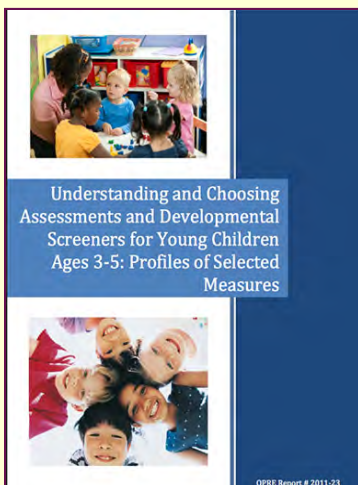
Understanding and Choosing Assessments and Developmental Screeners for Young Children Ages 3-5: Profiles of Selected Measures

The Office of Planning, Research and Evaluation (OPRE) reviewed available instruments to assist Head Start programs to select screening and assessment instruments. This report presents an extended discussion of validity and reliability.

Understanding and Choosing Assessments and Developmental Screeners for Young Children Ages 3-5: Profiles of Selected Measures

OPRE Report # 2011-23

Part 4

WHEN THERE ARE NO VALID AND RELIABLE INSTRUMENTS FOR A CHILD OR GROUP OF CHILDREN

Often one instrument is valid and reliable for many or most children — but *not* for all children. When that happens, screening teams, made up of program leaders and staff, must determine *specific* alternative methods for screening the children for whom no valid or reliable instruments exist.

REMEMBER!

Screening Dual Language Learners: Planning and Implementation Worksheet
See page 13.

Best Practices for Screening Children Who Are Dual Language Learners

- ***Consult*** the Local Education Agency (Part B) or Early Intervention (Part C) agency about their requirements and expectations.

- ***Document*** the process of obtaining high-quality information based on structural observations, checklists, staff reports, portfolio records, work samples, and family reports.

- ***Screen*** children in their home language and in English, so that staff can identify all their knowledge, skills, and abilities.

Program plans should include

- specific plans for children for whom there are no valid and reliable instruments,

- specific practices on working with families and partners (see Screening Dual Language Learners: Planning and Implementation Worksheet on page 13),

- clear directions for how to use the instrument with Dual Language Learners,

- clear directions for conducting the screening process, and

- a focus on each child's unique developmental circumstances.

When there are no valid and reliable instruments for a child (or group of children), programs should select a way to gather the information they need in order to make good decisions. Once an option has been selected and integrated into the program's screening plan, every effort should be made to ensure that accurate information is gathered and analyzed, and that decisions are made in collaboration with families.

Option I

- Gather information from families about their child's knowledge, skills, and abilities. *Gathering and Using Language Information That Families Share* assists in this process.

- Collect and review teacher observations to document a child's skills, noting changes that occur in the 45-day screening period.

- Make a decision about a potential referral in collaboration with each child's family.

Option 2

- Hire someone who speaks the child's language to help the program staff who are administering the screening instrument.

- Staff qualified to administer the screening must work directly with the interpreter to ensure the instrument is administered correctly *and* that the response is recorded correctly.

   A. **Select interpreters who:**
   - ☑ Are fluent in both English and the child's home language
   - ☑ Are skillful in interpreting one language to another
   - ☑ Understand the culture, values, beliefs, and traditions of the community to which the child/family belongs
   - ☑ Have a working knowledge of terms, concepts, systems, and processes that are unique to early childhood, including Head Start
   - ☑ Have good interpersonal skills.

   B. **Train interpreters to:**

REMEMBER!
Using an instrument through an interpreter does not provide valid and reliable information. Information gathered needs to be confirmed by family and teacher observations.

☑ Uphold confidentiality

☑ Maintain neutrality

- State information without adding, omitting, editorializing, or distorting the message, regardless of interpreter's own personal opinions and perspectives

☑ Serve as cultural brokers

- Help families and professionals understand each other's cultural beliefs, traditions, and practices

C. Prior to jointly administering the screening, ensure that interpreters and program staff plan together to:

☑ Understand the purpose of the screening process

☑ Become familiar with the screening tool, especially the terms and concepts used in the tool

☑ Organize the materials needed to conduct the screening

☑ Practice every item to ensure the interpreter understands and follows the protocol exactly

☑ Translate the script and prompts in the screening instrument instructions *prior to working with the child*

D. During screening, ensure that interpreters:

☑ Speak *one* language at a time

☑ Use only the levels of prompting allowed by the screening tool

☑ Collaborate with the trained staff person to accurately report the child's responses to each item

☑ Record the child's non-verbal behaviors and unusual responses, vocalizations, and verbalizations including errors in sounds, word order, and word choice in the home language

Screening Dual Language Learners
PLANNING AND IMPLEMENTATION WORKSHEET

This worksheet is designed for EHS/HS teams to use so that their screening process provides the best possible results for all children, including Dual Language Learners.

Task	People	Timeline	Lessons Learned for Next Time
PLANNING			
1. **Form a team** to plan, implement, and oversee the screening process. Members might include Education Manager, Disabilities Manager, Teachers, Family Engagement Staff, etc.			
2. Develop a **screening process** to include a. Methods for engaging families			
b. Methods for focusing on each child's unique developmental circumstances by * Providing clear guidance on how to screen dual language learners * Including specific plans for children for whom there are no valid and reliable instruments			
c. Provide clear direction on how to conduct the screening process and specific practice on working with families and partners			

Screening Dual Language Learners

PLANNING AND IMPLEMENTATION WORKSHEET

Task	People	Timeline	Lessons Learned for Next Time
IMPLEMENTATION			
3. When there are no valid and reliable instruments, **document the process** for obtaining high-quality information on what the child can and cannot do. Always include family reports [45 CFR 1307.2] and two or more of the following: • structured observations • checklist • staff reports • portfolio records • work samples			
4. Plan to screen children **in their home language and in English** to ensure they can demonstrate their knowledge, skills, and abilities in either language, including their home language			
5. Document why specific approaches were selected			

Screening Dual Language Learners

PLANNING AND IMPLEMENTATION WORKSHEET

Task	People	Timeline	Lessons Learned for Next Time
IMPLEMENTATION			
6. Ensure that individuals conducting **alternative screenings are skilled** in collecting, selecting, and connecting pertinent information needed to confirm that a child has been appropriately screened			
7. Share results with families and develop joint plans to support their children to move forward, including decisions about formal evaluations			
8. Evaluate each screening process and practice, and make adjustments according to what you learn			

Part 5

FREQUENTLY ASKED QUESTIONS

How do we know if the instrument is standardized?

The manual of a standardized instrument will clearly

- state the groups of children for whom the instrument is appropriate, and
- direct users on how to administer and score the instrument.

For more details see page 5.

How do we ensure that an instrument is scored accurately and that the results truly reflect what each child knows and does not know?

Manuals will clearly explain how to score an instrument. Standardized instrument scores MUST be calculated and interpreted exactly as the manual directs. However, program leaders need to use their knowledge and experience to fully understand each child's score.

- Before referring a child for whom there are no valid and reliable instruments, staff should compare the scores with parent reports.
- Consider teacher observations and when available, others who are knowlegeable of child development, speak the child's language, and are familiar with the child's culture.
- Consult with the Local Education Agency (Part B) staff or Early Intervention (Part C) agency about their referral practices for Dual Language Learners.

Which standardized instruments should we use?

Multiple standardized instruments exist in Spanish and English. The Office of Planning, Research & Evaluation's *Head Start Impact Study: Final Report* clarifies which standardized instruments are available, and discusses how to make decisions about which instruments to select.

For detailed information about screening children who do not speak English or Spanish, see page 9 of this document.

How can screening practices be culturally and linguistically appropriate?

There are a number of ways programs can ensure their screening practices are culturally and linguistically responsive.

- Select standardized instruments based on the extent to which

  - cultures and languages of the children in the sample used to develop the instrument match those of the children in the program,

  - the instrument is valid and reliable for the children with whom you plan to use the instrument,

  - the images in the instrument are relevant to the children in the program (e.g., a rake or a marsh).

  - items and activities included in the instrument are familiar to the children in the program (e.g., play activities, home routines, food, animals, etc.), and

  - staff gather and use input from families.

- Review and reflect upon screening practices during the annual Program Self-Assessment process. Use child data and information from families and community partners to select new instruments, develop alternative processes, etc.

- Use information from families as part of the screening process, particularly when making decisions to refer a child for a formal evaluation, see *Gather and Using Language Information That Families Share.*
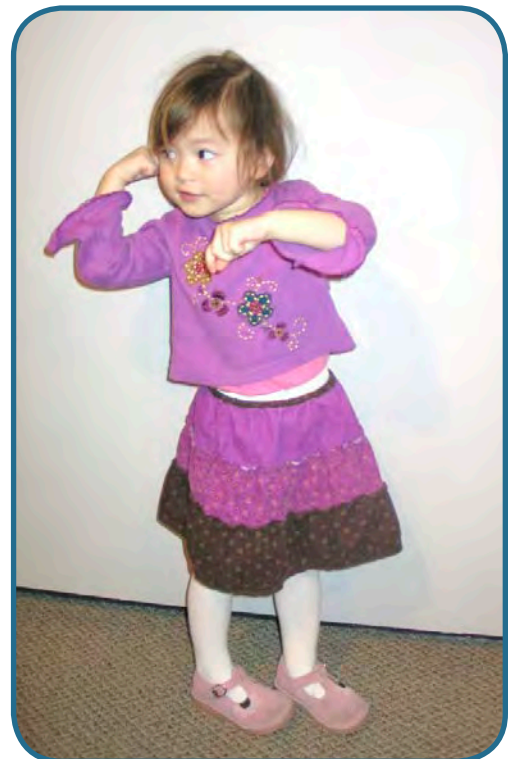
In which languages should children be screened? How do we decide?

- A child who has grown up hearing equal amounts of two or more languages every day since birth should be screened in *both* languages.

  - For example, if a child is growing up hearing English and Chinese in equal amounts every day since birth, she should be screened in both languages.

  - This is important because a child may have learned specific information in one of her languages, but that information has not yet transferred to the other language – and vice versa.

  - Testing in only one language means that all the information that the child knows may not be identified.

- When a child has experience with more than two languages, the screening process should plan to screen the child in each of her languages.

- For children who have had *brief or sporadic* experiences with more than one language, staff need to make their best decision about which language(s) are appropriate for screening. Families play a key role in making screening decisions by helping staff gather information about their child's language experiences.

- Program leaders should occasionally review the websites of the publishers of several screening instruments to keep up on the development of new instruments and to stay up to date.
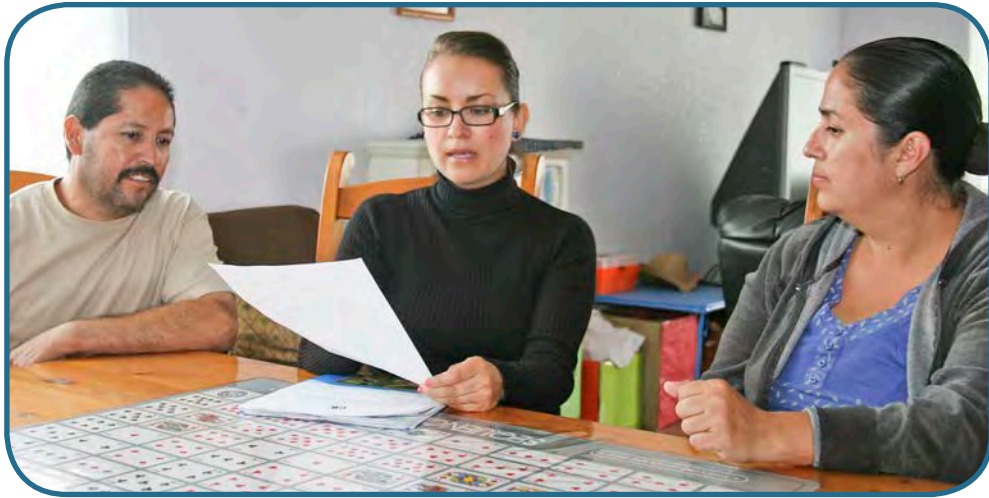
How can we engage families in the screening process when there are no valid and reliable instruments for a child?

- Make every effort to obtain information on the child's development from the family.

- Inform families about the purpose and practices of screening so they can give an informed consent.

- Discuss screening results with families and make a joint decision about referring their child for a formal evaluation.

- Should a referral be made, support families through the entire process.

RESOURCE!

Gathering and Using Language Information that Families Share: https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/docs/dll_background_info.pdf
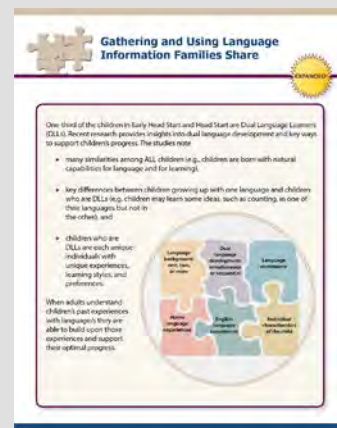
How should we decide when to refer a child for a formal evaluation?

Families usually know how their child is developing in relationship to other children in their culture. *Ask them* to share this information.

- Dual Language Learners may have deep knowledge of certain places, things, activities, and experiences from their home culture and language that may not translate easily into English.

- Fully understanding all that a child knows helps teams make decisions.

How are teachers included in determining if a child is referred for evaluation?

Teacher observations can reveal a host of information about

- what a child knows,
- how she handles challenges,
- her personality, and
- how she interacts with peers.

REMEMBER!

Many cultures have different expectations for what young children do and how they behave. Ask families about their expectations for their child. This information may explain why a child does or does not have a specific behavior or skill.

Teachers who carefully record their observations during the 45-day screening period can learn a great deal about how a child adapts, what she has learned, what she enjoys, and what she is challenged by, etc. For example, a teacher who observes a child in the block area arranging blocks according to size has learned a lot about his motor skills and math knowledge.

Information from families and teachers – even those who do not speak the same language as the child – can help inform the decisions about whether to refer a child for a formal evaluation.

Part 6

CONCLUSION

Screening is one of the most important tasks that EHS/HS programs perform, because it ensures that all children receive the level and type of educational services that support them to thrive. Therefore, it is essential that program leaders take a thoughtful approach in properly screening each child.

Programs achieve success when they carefully plan, implement, evaluate, and modify their screening processes, and when they pay specific attention to the Dual Language Learners for whom there are no valid and reliable instruments. Program leaders ensure high-quality screening outcomes when their systems

- include a strong emphasis on gathering and using input from families and staff,
- include careful selection of screening tools,
- clearly identify and use multiple, alternative methods for screening children for whom there are no valid and reliable instruments,
- include thorough and precise screening processes which are understood and followed by all involved,
- include clear consideration of all the available information about each child's developmental status and experiences, and
- are a good fit with the requirements and expectations of their Local Education Agency (Part B) and Early Intervention (Part C) partners.

When programs take the time to provide high-quality screening services, ALL children and their families get a true "head start".

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